## Congresswoman Hilda L. Solis Official American Flag Order Form

Thank you for contacting my office for information about ordering an American Flag.

Please print this form and fill in the information below. Select the flag you wish to order. If you wish your flag flown over the Capitol, please fill in the additional information for the verification certificate below your flag order.

Add	lress:			
City	r• •	State:	Zip:	
Day	time Phone Number:			
The followi wish to pur		nd prices. Please	ndicate the size and number y	ou
	Flag Type	Not Flown	Flown over Capitol	
	3x5 Cotton	\$13.80	\$17.85	
	3x5 Nylon	\$12.85	\$16.90	
	4x6 Nylon		\$22.10	
	5x8 Nylon	\$22.55	\$26.60	
	5x8 Cotton	\$26.05	\$30.10	
the Capitol	· ·	rification certificat	ver the Capitol. Each flag flow e. If you wish for the flag to be	
Name(s) of	individual(s) for who	om the flag is to be	flown:	
Occasion (i	f any):			
Date flag is to be flown over Capitol (if any):			*	
	we must receive this or			

Congresswoman Hilda L. Solis ATTN: Flag Requests

Office of Congresswoman Hilda L. Solis El Monte, CA 91731 4401 Santa Anita Avenue, Suite 211

Please make your check payable to Hilda L. Solis Office Supply Account and send it along

Please allow eight to ten weeks for delivery.

with this form to